

BEST AVAILABLE COPY

CLAIMS ONLY					Application Number		Filing Date	
					Applicant(s)			
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	
2	/						52	
3	/						53	
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45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep							Total Indep	
Total Depend							Total Depend	
Total Claims							Total Claims	